



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/027,935
Filing Date	21 December 2001
First Named Inventor	MALONEY, et al.
Examiner Name	Ely, Timothy V.
Group Art Unit	3724
Attorney Docket No.	A-68359-1/RMA (469113-41)

Total Number of Pages in This Submission

15

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Response to Restriction Requirement (12pgs.)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check in the amount of \$750.00, \$330.00 for extra claims and \$420.00 for two-month extension of time ; and a Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	R. Michael Ananian, Reg. No. 35,050 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 650-494-8700	Customer Number 32940
Signature	<i>R. Michael Ananian</i>	
Date	July 20, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

7/20/04

Typed or printed name

Leslie Hoffmann

Signature

Leslie Hoffmann

Date

July 20, 2004



**AMENDMENT
FEE TRANSMITTAL
2004**

Complete if Known

Application No.	10/027,935
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Claims as Amended in Response to Office Action dated: April 20, 2004

METHOD OF PAYMENT (Check One)		AMENDMENT FEE CALCULATION (Continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Check Enclosed		Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
		110	55	Extension for reply within first month	
		420	210	Extension for reply within second month	420.00
		950	475	Extension for reply within third month	
		1,480	740	Extension for reply within fourth month	
		2,010	1,005	Extension for reply within fifth month	
		330	165	Notice of Appeal	
		330	165	Filing a brief in support of an appeal	
		290	145	Request for oral hearing	
		110	55	Terminal Disclaimer Fee	
		110	55	Petition to revive – unavoidable	
		1,330	665	Petition to revive – unintentional	
		1,330	665	Utility/Reissue issue fee (inc. advance copies)	
		130	130	Petitions to the Commissioner	
		180	180	Submission of IDS	
		770	385	Request for Continued Examination (RCE)	
		Other fee (specify):			0
		Subtotal (2)			420.00
		Total Amount of Payment:			750.00

AMENDMENT FEE CALCULATION					
1. EXTRA* CLAIM FEES					
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee	
Total	24	- 18	= 4	x 18	= 72.00
Indep.	8	- 5	= 3	x 86	= 258.00
First Presentation of Multiple Dependent Claim				x	=
Subtotal (1)					330.00
*Calculation of Extra Claim Fees					
Large Entity Fee	Small Entity Fee	Fee Description			
18	9	Claims in excess of 20			
86	43	Independent claims in excess of 3			
290	145	Multiple dependent Claim			
86	43	Reissue independent claims over original patent			
18	9	Reissue claims in excess of 20 and over original patent			

Submitted by:

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Signature:

Leslie A. Ananian

Date: July 20, 2004